
PERFORMANCE MANAGEMENT FRAMEWORK

SUMMARY REPORT

Purpose of the Report

1. To update Scrutiny Committee on the baseline performance of One Darlington: Perfectly Placed. In addition the report provides an update on performance for the Children's Department for the period April to September 2014.

Summary

2. A revised approach to performance management has been adopted which allows an assessment of the achievement of One Darlington: Perfectly Placed outcomes and the performance of services delivered by the Council which contribute to the achievement of those outcomes.

Recommendation

3. It is recommended that:
 - (a) Scrutiny notes the content of this report as an assessment of performance in the first two quarters of 2014.

**Catherine Whitehead
Assistant Chief Executive**

Background Papers

Sharon Raine: Extension 6091

S17 Crime and Disorder	One Darlington Perfectly Placed sets out outcomes with regards to Crime and Disorder which will be performance managed through a set of key performance indicators
Health and Well Being	One Darlington Perfectly Placed sets out outcomes with regards to Health and Wellbeing which will be performance managed through a set of key performance indicators
Carbon Impact	None
Diversity	One Darlington Perfectly Placed sets out outcomes with regards to Diversity which will be performance managed through a set of key performance indicators
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	One Darlington Perfectly Placed is the overarching strategy which sets out the vision for the Borough in the Policy Framework
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	As above
Efficiency	The report sets out the performance of services against which efficiency can be assessed

MAIN REPORT

A Revised Performance Management Framework

4. A revised approach to strategic planning and performance management has been implemented which enables us to:
 - (a) Understand local conditions and needs – evidence base and baselines to inform strategic planning.
 - (b) Know what we need to achieve – community aspirations and service aspirations/requirements identifying outcomes.
 - (c) Know what achievement of outcomes will look like - strategic indicators.
 - (d) Assess strategy and delivery performance– using delivery performance indicators to assess how much and how well did we deliver – what was the impact and at what cost – ability to commission and de-commission.
 - (e) Understand the ‘corporate health of the organisation’ – using performance indicators to assess a ‘healthy’ organisation, such as sickness, staff turnover etc.
 - (f) Manage a programme of change – using schedule and cost performance indicators to ensure that the change programme is delivering against its targets.
5. A suite of strategic performance indicators to measure delivery of One Darlington: Perfectly Placed has been approved by Council alongside the revised strategy. This suite forms the basis of the Council’s PMF against which delivery level performance indicators have been aligned. In addition, a suite of indicators measure the corporate health of the organisation, together with the performance management of change programme projects this completes the PMF structure.
6. A smaller number of strategic indicators have been agreed with the Darlington Partnership to form the basis of the high level summary of public and partnership reporting of SCS progress.
7. The PMF has been designed based on the following principles:
 - (a) Strategic Data is presented in a ‘state of the nation’ type basis, providing a comprehensive analysis annually with additional information being presented throughout the year via performance clinics.
 - (b) Delivery is aligned to the strategic data and is presented alongside Corporate Health Data. Reporting will include and analysis of:
 - i) Trend data to demonstrate direction of travel and to provide more meaningful context than random target setting.

- ii) Comparison Data/Benchmarking Data to demonstrate how we compare as a Borough and as a service provider with others both in terms of the impact of our services and the costs of delivery.
 - iii) Where possible data will be analysed and presented at sub borough level (both demographic and geographic) to ensure a consistent approach to management of 'narrowing the gap'.
- (c) Target setting will not be a one size fits all approach where targets must be set against all performance indicators. Some indicators are simply a 'temperature check' and therefore will not require a target.

Quarter 2 Performance

8. The number of Looked After Children (LAC) per 10,000 population in the borough remains higher than the regional and national averages although has dropped and is now much closer to the regional average than in the previous quarter. The actual figure is currently 207 which is higher than the baseline on which the original budget was created (approx. 170). One of the main reasons for this is a change in Central government categorisation. Previously young people looked after by family or friends (connections) were not considered LAC and therefore not funded by the LA. These placements now automatically categorised as LAC and there is therefore a requirement to fund these placements. 22 of the 207 current placements are connections. Young people on remand are also now automatically categorised as LAC.
9. We have also seen an overall increase in the number of Children In Need. Whilst nationally numbers have risen by approx. 5%, Darlington has seen an increase nearer to 29%.
10. The first two quarters of 2014/15 have seen an increased number of children becoming subject to CPPs, but also an increase in the number of CPPs that are in place for 3 months or less, coupled with a reduction in the number of children becoming subject to a CPP for a second or subsequent time.
11. The number of children under 5 becoming subject to a CPP has risen steadily since mid-2013 although the rate of increase now appears to be slowing.
12. In terms of childhood obesity Darlington consistently has a lower percentage of children classed as obese than the national average. It also follows the national pattern of seeing an increase in the percentage of children classed as obese between reception age and year 6 (the increase from reception to year 6 in Darlington is smaller than the national increase). However the most concerning aspect of this measure is the inequality between wards with a 13% and 15% gap respectively at reception and year 6 between the best and worst wards. Generally the highest rates of obesity are associated with the most deprived wards although it is worth noting that whilst the gap has narrowed in recent years at year 6 (from 25% to 15%) it has widened slightly at reception (9% to 13%).

13. Although there is a lag in the availability of under 18 conception data the latest available data (Q2 2013/14), was at its lowest in the last 5 years and demonstrates a significant reduction from the 1998 baseline. The trend overall across the North East has been downward and although there has been some fluctuation in Darlington (initially below the NE average and then more recently above), the small numbers in Darlington can lead to a greater apparent variation.
14. In 2014 there was an increase in the percentage of children achieving at least the expected level of development at Early Years Foundation stage, compared to the previous year. Comparisons any further back than this are meaningless due to a change in the measure in 2012. In the two years since the introduction of the new measure of achievement Darlington has performed above the regional average but remains below the national average. Under the old measure Darlington consistently outperformed both averages.
15. GCSE Measures too have been subject to changed measures in the last year making comparison with previous years difficult. With changes to the way in which 'equivalent' exams can be counted towards GCSE attainment, and the obligation to count pupils first result where they may have had multiple entries to a particular subject, the performance of Darlington's secondary schools overall appears to have dropped. However not all schools have a policy of multiple entry and the pupils will still leave the schools with their best grade. Due to the changes and the difficulties of obtaining accurate data from schools with a multiple entry policy nationally it has been difficult this year to produce accurate comparative data at both national and regional level. National data has been released very recently by DfE but is yet to be fully verified or analysed.
16. Darlington has continued to buck the regional trend in terms of the number of children living in poverty and at the latest analysis (2012) this continued to be the case, although the impact of the economic downturn on the North East appears to be becoming visible with Darlington seeing more than the national average percentage of children living in poverty in 2011 and 2012, something that had not been the case since 2008.
17. Following the introduction of referral orders for young people in 2008, Darlington significantly outperformed both national and regional averages for the rate of first time entrants to the youth justice system. This has been attributed to the early introduction in Darlington of a restorative justice approach. This has now been recognised as good practice and widely introduced. Consequently Darlington's performance is now much closer to the national average but remains above the regional average, and has continued to show a reduction in the rate of first time entrants.
18. The % of women who smoke at the time of delivery and % of infants due a 6-8 week check that are totally or partially breastfed, have shown little real change over the past four years, however Darlington does continue to perform better than the regional average in terms of breastfeeding. With the migration of Health Visitors into the LA from 2016 we may have greater direct influence over the latter as figures currently included in this indicator capture only those babies seen by a

Health Visitor in the 6-8 week age window and we know that less than 70% of babies are seen in this time window currently.

19. With regards to the admission to hospital of young people attributable to unintentional and deliberate injury, whilst this categorisation does include a wide range of potential reasons, Darlington appears to be an outlier in both the 0-4 and 15-24 age groups, performing worse than both regional and national average figures. Most concerning of all is the 15-24 age group where performance has not only been consistently worse than the national and regional averages but has seen a widening gap, and indeed opposite trend to the regional and national figures. The Knowledge and Information Team within Public Health are looking into this area of concern, to investigate the pattern of admissions.
20. Admissions in the 0-4 age group also showed a similar gap widening in 2011/12 but has now dropped significantly (29%) at the latest measure in 2012/13 to drop below the regional average.
21. Very few indicators are available for reporting this period for Development and Commissioning since the majority of indicators selected for this service area are only available annually.
22. Whilst the Development and Commissioning budget is on track, it is predominantly a staffing budget, as the budgets being commissioned are those of Adults and Children's Services. It is worth noting that whilst the attached report demonstrates excellent performance in terms of contractual savings these savings are accounted for elsewhere within the budget.
23. Performance against all indicators is attached at **Appendix A**.